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PROGRAMME DEVELOPMENT IN THE WEST AND CENTRAL AFRICA REGION

SUMMARY

The present document reports on and analyses major trends and developments of UNICEF programme cooperation in the West and Central Africa region in 1994.

The UNICEF regional office has responsibility for UNICEF cooperation in the following countries: Benin, Burkina Faso, Cameroon, Cape Verde, Central African Republic, Chad, Congo, Côte d'Ivoire, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Togo and Zaire.

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I. REGIONAL OVERVIEW

1. The political context in the region is characterized by variety, instability and change. In some countries, a democratization process is progressing, although the established democratic institutions are often fragile and there have been set-backs during the last year. Other countries are ruled by military regimes. Often, public administration is weak and inefficient, having degenerated markedly during the last decade, and public sector reforms have not yet led to major improvements. In a number of countries, armed conflict persists. Several countries experience emergency situations in all or parts of their territory, including Liberia, Sierra Leone and Zaire. In the case of Liberia, despite the efforts of the Economic Community of West African States (ECOWAS) to bring the warring parties to a cease-fire agreement, the fighting worsened and the security situation deteriorated markedly in the course of 1994. In Zaire, the refugees from Rwanda have created a difficult situation.

2. Most of the countries in the region are low-income countries, and the Central African states generally had negative economic growth rates in 1993. West Africa registered limited positive growth, with the exception of the Côte d'Ivoire and Senegal, but population growth exceeded economic growth in all countries except Ghana and Nigeria. Despite improvement in terms of trade during 1993, the balance of payments continued to deteriorate and debt increased, with debt/gross national product ratios reaching 200 per cent for Côte d'Ivoire and Mauritania. Inflation rates varied, but were particularly high in Zaire (+275 per cent). The countries in the franc de la Communauté financière africaine (CFA franc)(franc of the African Financial Community) zone registered increased inflation rates, including doubling of prices for drugs and education inputs, following devaluation in January 1994, but prices for agricultural products also increased, improving income in rural districts and the competitiveness of export commodities. However, salary increases were limited, so real urban salaries declined. Many areas have problems related to population pressures and environmental degradation, but the good 1994 agricultural season throughout West Africa allows the Sahelian countries to hope for national-level food security for the first time in many years.

3. Most countries in the region are pursuing structural adjustment programmes. In many cases, the efforts to reduce public deficits have led to increased unemployment and reduced outreach and quality of social services despite attempts to maintain the proportion of public expenditure for the social sectors. Most of the West and Central African countries spent less than 5 per cent of their gross domestic product on health in 1990. In addition, expenditures in the social sectors are often concentrated on specialized hospitals and universities instead of primary health care and basic education. There is considerable variation in social conditions within the region, but poverty is generally widespread, infant as well as maternal mortality rates are high, illiteracy is common and school attendance is low. Within countries, rural-urban gender-related disparities are marked, and the economic crisis has hit poor women particularly hard. In addition, the issues of displaced persons and children in especially difficult circumstances are becoming acute in many parts of the region. Thirteen countries in West and Central Africa are classified among the 20 countries with the lowest Human Development Index in the world, according to the United Nations Development Report, so poverty alleviation remains central to all activities to promote social development.

II. CONVENTION ON THE RIGHTS OF THE CHILD

4. With the Gabon's ratification of the Convention on the Rights of the Child in February 1994, West and Central Africa was the second region in the world after South Asia to have ratified completely the Convention, and all countries have finalized or are in the process of drafting national programmes of action

for children. The third informal meeting of the Committee on the Rights of the Child in July 1994 included a visit to Ghana and Mali, and progress in the region was reviewed with non-governmental organizations (NGOs), United Nations agencies and the African Development Bank (AfDB). Among the 16 countries in the region whose reports on the implementation of the Convention are due, only Senegal had submitted its report to the Committee by late 1994. Nevertheless, the Convention is being used increasingly as a framework for UNICEF country programmes, especially in connection with projects for children in especially difficult circumstances. Many countries have undertaken comparative studies of national legislation, and more use of the Convention is being seen in areas of civil strife, including the rehabilitation of child soldiers. Efforts are being made to improve the exchange of information related to the Convention in the region.

III. DECADE GOALS AND STRATEGIES

5. Revitalization of basic health services on the basis of the Bamako Initiative is a central strategy for achieving the health goals in West and Central Africa in a sustainable way. Two thousand health centres in the region have been revitalized according to the Bamako Initiative model so that they provide the following services: an expanded programme on immunization, with vitamin A distribution; education on oral rehydration therapy (ORT); and an appropriate minimum package of health care for children and women of child-bearing age. Most countries have developed local monitoring and problem-solving tools and introduced easily measurable process indicators.

6. Immunization coverage varies from country to country, but the regional average lies between 40 and 50 per cent for three doses of combined diphtheria/pertussis/tetanus vaccine, two doses of tetanus toxoid vaccine and measles. Most countries have difficulties maintaining previous immunization levels, but coverage is highest in countries with operational health systems (Benin, Cape Verde, Gabon, the Gambia and Guinea). Efforts are being made to increase immunization coverage, and where health systems are weak, the strategy is to accelerate the strengthening of health system management, including community co-management of health centres. In a majority of countries, vitamin A supplementation for children is nearly achieved or on track to being achieved by the end of 1995.

7. Spectacular gains have been made in the eradication of dracunculiasis (guinea worm disease) with annual case reductions of 30 to 50 per cent. The Gambia and Guinea have no more cases, while Cameroon, the Central African Republic, Chad and Senegal had less than 1,500 cases reported in 1993. Continued efforts focus on enhanced case management, targeting of water points and support to integrated community-based health monitoring.

8. Many countries are working to increase the use of ORT, as estimates of usage rates had fallen below 50 per cent for most countries in 1993. Cameroon is an exception, with a usage rate at approximately 80 per cent; usage rates in the Congo, Guinea, Mauritania and Sierra Leone also are estimated at above 50 per cent. Longer-term strategies, including communication initiatives to change behaviour, are being employed. Participatory community approaches and mobilization of women's groups are being emphasized, supported by interactive radio, the rural press and popular theatre.

9. Universal salt iodization has been achieved by Cameroon and Nigeria. Both of the region's large exporters (Ghana and Senegal) are iodizing all salt. The Organization for African Unity (OAU) and ECOWAS passed resolutions supporting salt iodization, while the Central African Customs Union adopted standards for iodized salt trade. Particular challenges include the iodization of salt produced by multiple small coastal and rock salt producers.

10. In most West and Central African countries, 90 per cent of infants are breast-fed at birth and 70 per cent of infants are breast-fed for up to two years, but exclusive breast-feeding and correct complementary feeding are rare. Regulations to stop free or low-cost distribution of breast-milk substitutes have been passed in all countries in the region, and the Baby-Friendly Hospital Initiative (BFHI) is under way in 21 of the 23 countries, targeting nearly 1,000 hospitals and maternity facilities. Notable success has been achieved, particularly in the Côte d'Ivoire.

11. Protein-energy malnutrition has not yet been given the attention that it deserves by UNICEF in West and Central Africa, although work has begun related to household food security. Some one third of the children under five years of age in the region are moderately malnourished. More comprehensive community-based nutrition strategies that integrate food, health and child-care considerations need to be identified and promoted, as opposed to the more restricted approach prevalent in many countries.

12. The achievement of the education goals remains a challenge for the region. Only two countries have gross primary enrolment rates which in 1990 exceeded 80 per cent. More than 50 per cent of girls reach at least grade 5 in only six countries, and in five countries, less than 20 per cent of girls reach grade 5. Basic education is important, particularly for girls, and strategies include promoting non-formal approaches, increasing the number of female teachers, reducing unit costs, developing minimum learning packages, adapting curricula for practical community requirements and decentralizing management systems. Several Governments have reviewed their basic education policies, and primary school fees have been eliminated in Togo and for girls in rural schools in Benin.

13. Only Benin, Cape Verde and Guinea are likely to achieve the mid-decade goals in the area of water supply and environmental sanitation. Thus, strategies focus on system-building for the end-decade goals, promoting low-cost, sustainable interventions, training maintenance teams and rehabilitating hand-pumps. Several countries are revising their sectoral policies and strategies.

IV. COOPERATION WITH REGIONAL INSTITUTIONS

14. In 1994, collaboration between UNICEF and the AfDB was enhanced by high-level consultations, which are being followed by collaborative planning for 1995. A cooperation agreement between UNICEF and ECOWAS has been prepared and approved, and extensive consultations took place in connection with the iodization of salt.

15. UNICEF collaboration with the World Health Organization Regional Office for Africa continued in 1994, and staff from both organizations assisted in the conception, preparation and review of the World Bank publication, "Better Health for Africa". UNICEF continued to maintain contact with the World Bank and the Global Coalition for Africa on matters related to the debt crisis and the social dimensions of economic reforms in the region. UNICEF contributed actively to the regional meeting organized by the Economic Commission for Africa (ECA) to prepare for the Fourth World Conference on Women scheduled to be held in 1995 in Beijing. In addition, frequent consultations took place with OAU, ECA, the regional office of United Nations Educational, Scientific and Cultural Organization and the regional bureaux of the United Nations Development Programme (UNDP) and the United Nations Population Fund.

16. Collaboration with regional professional bodies also continued. Training seminars of the Union of African National Paediatric Associations and the Confederation of African Medical Associations and Societies on BFHI,

reproductive health and micronutrient deficiencies were supported, as well as health programmes supported by the Union of African Radios and Television.

V. APPLICATION OF BOARD POLICIES

17. With respect to inter-agency collaboration, the timing of UNICEF country programme cycles in the Central African Republic, Chad, the Côte d'Ivoire, Guinea, Guinea-Bissau and Sierra Leone is being harmonized with the programme cycles of UNDP and other United Nations agencies. Several country offices also have strengthened their collaboration with other United Nations organizations in programme preparation and implementation, including cooperation with UNDP on a human development programme in Guinea and a joint review of all United Nations agency programmes in the Central African Republic. UNICEF has joined other United Nations agencies in assisting the Governments of Chad and Ghana to prepare country strategy notes.

18. Following the multi-donor evaluation, increased attention has been given to UNICEF support of girls and women in the region. Activities related to the basic education of girls have been expanded, and more emphasis is being placed on maternal and reproductive health. Integrating women's concerns in other UNICEF activities in a systematic way is often difficult. In many cases, even gender-disaggregated basic data are missing. Special efforts have been made to include women's components in the sectoral programmes in the Central African Republic, Cameroon and Guinea. Activities specifically related to girls and women include reducing the workload of women through the provision of more efficient stoves and improved access to water supplies; promoting the active participation of women in the Bamako Initiative and water supply and sanitation management committees; supporting the revision of texts and curricula to eliminate gender stereotypes; assisting girls and women who have been raped; and organizing income-generating activities for female refugees. In a number of countries, UNICEF has supported the preparations for the Fourth World Conference on Women, and a special pamphlet was published on the African girl child. Approximately one third of UNICEF representatives and assistant representatives in the region in 1994 were women.

19. Increased attention was given to emergencies and crises in West and Central Africa during 1994. Several country offices and the regional office provided support to Rwandan refugees in Zaire, and the UNICEF response has been analysed to draw lessons from the events. UNICEF also assisted refugee and displaced children and women in Benin, Cameroon, the Côte d'Ivoire, Sierra Leone and Zaire. The effects of cholera outbreaks in Chad, Guinea, Guinea-Bissau, Liberia, Mauritania and Sierra Leone were brought under control with UNICEF support, and UNICEF responded rapidly to the flood emergency in the Niger. In Liberia, UNICEF undertook an analysis of its activities and found that more than one half of total programme expenditure was allocated to rehabilitation, which leads towards development in spite of the ongoing crisis. In Benin, the Congo, Liberia and Zaire, the importance of decentralized, community-based management systems and of collaboration with national NGOs in sustaining social services through crisis periods were recognized.

VI. REGIONAL SUPPORT COUNTRY PROGRAMMES

20. In 1994, the UNICEF West and Central Africa Regional Office assisted countries in the region to refine strategies and accelerate activities for achieving the mid-decade goals through regional consultations and subregional planning meetings, which included government officials, NGOs and other United Nations agencies. Technical meetings with government and UNICEF staff, NGOs and other agencies were held to strengthen national and regional capacities regarding the use of rural radio to provide health messages and promote

behaviour change, the development of non-formal methods to assess the progress towards mid- and end-decade goals, and the management of emergency response programmes.

21. Technical and operational support were provided to a number of UNICEF country offices in connection with programme development and reviews, and Burkina Faso, Chad and Ghana were provided with special assistance during the preparation of their new country programmes. After the devaluation of the franc CFA, support was provided, in coordination with the World Bank, the European Union and the Government of France, to several countries in connection with policy development, resulting in national policies to support essential drugs programmes. The regional office coordinated the "Sahel Initiative", a set of projects aimed at integrating primary environmental care in the country programmes of nine countries affected by drought and desertification, and UNICEF contributions to the regional meeting in preparation for the Women's Conference.

22. The regional office further assisted country offices with personnel management, financial operations and audit follow-up, the development of telecommunications and the installation of electronic data exchange systems. Regional staff training held in 1994 focused on planning, programming and management issues.

VII. TRENDS AND PROSPECTS IN 1995

23. The political situation in West and Central Africa remains somewhat precarious, with tensions and instability associated either with the process of democratization or the lack of democratization in a number of countries. The economic problems include strains due to declines in living standards for the poor, not least in urban areas, and reduced provision of social services. The challenge is to identify possibilities for innovation and positive change, focusing on flexible approaches, development of human resources, local management capacities and low-cost interventions.

24. UNICEF activities in the region will, given the comprehensive needs of children and women and the limited resources available, place emphasis on collaboration with local, national and regional institutions, NGOs and other development agencies to mobilize partners and strengthen institution- and capacity-building. Priority will be given to development strategies with the most cost-effective interventions for improving the situation of women and children, who are usually the most vulnerable groups. Significant efforts will be made to increase programme and project sustainability by strengthening participatory management systems at the local level and reinforcing national support policies. Steps will be taken to integrate women's concerns more systematically into UNICEF-supported activities, including the development of adequate databases, and, if necessary, specific measures aimed at girls and women will be introduced. Since the possibility of further crises and emergencies in the region cannot be ruled out, planning for these possibilities in country programmes will be crucial, in addition to considering the security aspects.

25. In 1995, support will be given to implementation of the Convention on the Rights of the Child as a framework for human development in the region. Core tasks for UNICEF will be to support further strengthening of sustainable health care systems on the basis of the Bamako Initiative and assist in the expansion of basic education, especially for girls, with the aim of achieving the World Summit goals for the year 2000. In addition, increased emphasis will be placed on the areas of nutrition, women's health and human immunodeficiency virus/acquired immune deficiency syndrome (AIDS) prevention. Protein-energy malnutrition has not been properly addressed in a UNICEF context in the region,

in spite of the fact that many children suffer from the effects of an inadequate diet. The mortality rates in connection with pregnancies, abortions and births are extremely high, not least among adolescent girls, and AIDS as well as other sexually transmitted diseases are increasing rapidly. Special attention will be paid to children in especially difficult circumstances.

26. UNICEF programmes in West and Central Africa have benefited from the general priority given to sub-Saharan Africa, but in recent years, additional donor support has declined. In 1993, the programmes in the region received the least supplementary funding of any UNICEF region. Therefore, the emphasis in 1995 will be placed on advocacy in connection with fund-raising and transmitting a realistic picture of the needs in the region, while including success stories to show that development efforts yield results. Furthermore, by improving thequality of programme preparation, implementation and monitoring, it is hoped that donor interest will increase. Substantial technical and financial resources are required from both internal and external sources in order to improve the quality of life for women and children in the region.